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ABSTRACT

Twelve community residents (10 women, 2 men; average age = 67) registered for a continuing education class in "creative living for elders." In 10 weekly, 2-hour sessions, a clinical psychologist and two artists led the group in exercise, muscle relaxation, regulated breathing, guided imagery, affirmations, and sensory awareness integrated with art activities in many media. Handouts guided the participants in similar weekly homework. A supportive atmosphere stimulated discussion of experiences. Pre-, post-, and 7-month follow-up testing revealed significant increases on Neugarten's Life Satisfaction Index A at both post- and follow-up testing. The increase on Rosenberg's 10-item Self-Esteem Scale and the decrease on Zung's Depression Scale approached significance at posttest. At follow-up, depression had decreased further, and the continued increase in self-esteem resulted in a significant difference from pretest. Fillenbaum's 3-item physical health scale and the Barron-Welsh Art Scale showed no significant changes. Anecdotal evidence indicated many benefits such as decreased depression, medication, and alcohol use. This pilot suggests that these psychophysical techniques integrated with art activities can be successfully implemented with older populations and have potential for improving their well-being. (Author)

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Creative health for elders through psychology and art: A pilot study

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Running head: Creative health for elders

Abstract

Twelve community residents (10 women, 2 men; average age = 67) registered for a continuing education class in "creative living for elders." In 10 weekly, 2-hour sessions, a clinical psychologist and two artists led the group in exercise, muscle relaxation, regulated breathing, guided imagery, affirmations, and sensory awareness integrated with art activities in many media. Handouts guided the participants in similar weekly homework. A supportive atmosphere stimulated discussion of experiences. Pre-, post-, and 7-month follow-up testing revealed significant increases on Neugarten's Life Satisfaction Index A at both post- and follow-up testing ($p < .04$). The increase on Rosenberg's 10-item Self-Esteem Scale and the decrease on Zung's Depression Scale approached significance at posttest ($p < .07$). At follow-ups, depression had decreased further, and the continued increase in self-esteem resulted in a significant difference from pretest ($p < .04$). Fillenbaum's 3-item physical health scale and the Barron-Welsh Art Scale showed no significant changes. Anecdotal evidence indicated many benefits such as decreased depression, medication, and alcohol use. This pilot suggests that these psychophysical techniques integrated with art activities can be successfully implemented with older populations and have potential for improving their well-being.

Creative Health for Elders Through Psychology and Art: A Pilot Study

The rapidly increasing proportion of elders in the population, their potential, and their problems present a major challenge to society. With longer life expectancy and earlier retirement, more years are available in which elders could enjoy satisfying leisure activities and contribute meaningfully to their families and society from the wisdom of their experience. Instead, decline in mental and physical health often makes them a drain on private and public resources. Such decline is not inevitable as evidenced by the long-lived individuals who remain healthy and creative. The most common form of treatment, medication, leads to many adverse drug interactions and side effects. Non-drug programs of treatment and prevention are desparately needed.

The purpose of this study was to pilot test an interdisciplinary and holistic approach to the mental and physical health of elders. We predicted that participants in a class meeting weekly for ten weeks for training in exercise, muscle relaxation, regulated breathing, imagery techniques, affirmations, and sensory awareness followed by art activities in a supportive atmosphere with stimulation of group sharing and with homework assignments for generalization to daily life would show an increase in self-rated physical health and in mental health as indicated by decreased depression and increased self-esteem, life satisfaction, and creativity.

Art seems a promising approach because of its potential as a meaningful leisure activity, the interest in it shown in surveys of elders (Anderson, 1976), and the appealing famous elder artist role models, as well as its potential for therapeutic uses in catharsis, personality integration, and engaging the right cerebral hemisphere.

Exercise seems to release tension and make relaxation and imagery techniques easier. It also seems to improve cardiovascular fitness, alertness, self-esteem, strength, flexibility, balance, and coordination. This seems especially important because falls are the cause of much prolonged immobility and the sixth leading cause of death in elders (Healthy People, 1979, p. 392). Furthermore, exercise may counter depression (Jorgensen & Jorgensen, 1979), which is one of the most common causes of senile dementia (Emr, 1978).

Exercise, systematic muscle relaxation, regulated breathing, and imagery techniques seem important for stress management. The Holmes Social Readjustment Rating Scale (Holmes & Masuda, 1974) assigns high stress values to many situations common to elders, and the role of stress is being increasingly implicated in the leading illnesses and causes of death in elders (Pelletier, 1981).

Imagery in particular also seems important for its potential in "life review work" (Butler, 1963; Zeiger, 1976), sleep and pain control, general vitality, problem-solving, creativity, and even in the experience of dying. Imagery activities and sensory awareness exercises might also compensate for sensory deprivation, which seems to be another leading cause of senile dementia (Healthy People, 1979, p. 374). Affirmations can be viewed theoretically from the framework of cognitive restructuring and/or self-hypnosis.

Finally, interpersonal interaction and social support seem important since there is evidence that social isolation in elders is a major contributor to depression, physical illness, and even death (Healthy People, 1979, p. 376).

No published studies were found combining these methods in work with elders, especially using the psychological techniques as stimuli for artistic endeavor, with the artistic work as expression and "grounding" for the psychological experiences. Gay Luce's well-known SAGE program in California has used some of these techniques but apparently not in this sequenced and integrated way. Furthermore, SAGE has reported anecdotal success but no quantitative research (Dychtwald, 1978).

A number of other projects with elders have used only one or two or three of the techniques. An exciting study by Dawson & Baller (1972) suggested dramatic benefits from an oil painting course for elders. Eleven years later they showed greater physical health, involvement in creative and social activities, and longevity than the control group. Reichenfeld (1973) combined exercise with art classes, recreational activities, and group discussions on a psychogeriatric ward and found evidence of less patient hostility and behavioral deterioration and higher discharge rates. Holcomb (1979) reported evidence of lower heart rates in elders using relaxation methods and ballroom dancing. No quantitative research was found, however, on the effects of training elders in imagery, affirmations, or breathing techniques. In general, holistic programs for elders are sadly lacking, and quantitative evaluation of their effectiveness is essentially non-existant.

Method

Participants

The participants were 12 functioning community residents (10 women, 2 men) with an average age of 67 and a range from 59 to

85. They were Anglo, and their educational level ranged from junior high school through the doctorate with most having college degrees. Only three were still married and most lived alone. They were recruited via a Continuing Education flyer from the local university advertising a class in "Creative Living for Elders through Psychology and Art," which was sent to local churches and organizations of elders. Newspaper articles and TV announcements were also used. A $25 fee was charged for the 10 classes.

Procedure

Intervention. The authors, who are a clinical psychologist and two art professors, led the class in 10 weekly, 2-hour sessions. We usually began with sharing of homework, followed with physical and/or psychological exercises, and concluded with art activities. Gentle yoga-like stretching, expressive movement to music, and vigorous circle dances were used. Students were encouraged to combine mental imagery with their exercise. Instruction and homework handouts on systematic muscle relaxation, breathing exercises, and the use of affirmations in conjunction with mental images were included. Guided imagery and sensory awareness experiences usually led directly into the art activities. Many art media were used such as clay, plaster, colored chalk, ink, water color, felt pens, and colored tissue. Several homework assignments were given from Drawing on the Right Side of the Brain (Edwards, 1979).

Each session had a theme and integrated music with the activities. For example, one session used background music of recorded ocean sounds, Debussy's "La Mer," and other sea music.

Homework sharing and stretching were followed by a demonstration of colored chalk techniques with and without water. Each student engaged in a guided sensory awareness exploration of a seashell and then created a large pastel drawing of it. After a systematic relaxation exercise and guided fantasy trip to a beach scene, they painted images in pastels from their fantasy. Finally, they "became" their images from the sea through interpretive movement to the music.

In another session, each elder had a different kind of fresh flower which they were guided to explore sensorially and then practice imaging mentally, opening the eyes as needed for more detail. With eyes closed, they were then led to imagine the flower's growing in size and themselves' becoming tiny enough to climb up and crawl into and explore it. Returning to normal sizes, they imagined it crossing a beam of colored light to rest in their heart area, where they breathed "through" it as it slowly expanded to fill the body shape and merge with them. Then, still in a meditative state, they did a charcoal sketch of the flower with the eyes closed, another with the left hand, and a "blind" line contour drawing, i.e., looking at the flower but not the paper without lifting the charcoal from the paper. Next they were led to "fill the space" of the paper with a few seconds' charcoal sketch of the flower in Zen-like spontaneity. Finally, they were allowed to choose one of the sketches to refine or to paint another with pastels.

In another session, a "life review" guided fantasy led to a watercolor of the lifeline in five stages using three colors to

represent physical, emotional, and spiritual aspects. A movie on Georgia O'Keefe and her art images provided inspiration for other work.

Near the end of the series, members were videotaped creating dramatically-painted personal masks of plaster and paper strips and Indian "spirit sticks" adorned with feathers, shells and personal symbols brought from home. Using these, they created a primitive dance ritual based on elements of air, fire, water, and earth. Each person was affirmed by the group's chanting their name to its natural rhythm as they took turns leading with a drum in the center of the circle.

An eleventh session was added for viewing the videotape, feedback on pre-/posttest results, an art exhibit of the work which had been scored by judges, and dinner together at a local cafeteria.

Evaluation. Assessment at the first and tenth sessions and at a seven-month follow-up by mail included Fillenbaum's (1979) physical health rating scale, Neugarten's (1961) Life Satisfaction Index A, Zung's (1967) Depression Scale, Rosenberg's (1965) Self-Esteem Scale in the 10-item version, and the Barron-Welsh Art Scale(1963), given in this order each time. Ratings of the art work on originality and aesthetic appeal by three independent art judges were averaged. These ratings were not analyzed statistically however, due to difficulties in controlled sampling of the art and lack of comparability of different media at pre and posttest sessions. Continuing Education Program Evaluation forms were also completed at the tenth session.

Results

No one was absent more than once. Two women dropped out but in a positive way because one left to expand her horizons by travel and the other came out of a rather severe depression since her husband's death and began training for a real estate job. Another woman and one of the men missed pretesting, so the statistical analysis included only seven women and one man.

Insert Table 1 about here

Table 1 shows mean scores on the five measures at pre-, post-, and follow-up testing, as well as the possible range for each instrument. The significance of differences between pre- and post-testing and between pre- and follow-up testing were tested with *t*-tests for correlated means, using one-tailed tests because our hypotheses were in a predicted direction.

Life Satisfaction was significantly greater at both posttest and follow-up than at pretest ($p < .04$). The increase in self-esteem and decrease in depression from pre- to posttest both approached significance ($p < .07$). At follow-up, depression had decreased further, and the continued increase in self-esteem resulted in a significant difference from pretest ($p < .04$).

The physical health rating decreased from pre- to post- to follow-up testing but not significantly. "Creativity" as measured by the Barron-Welsh Art Scale increased from pre- to posttest and then decresed slightly by follow-up but showed no significance changes from pretest.

Participants' evaluation of the program on the Continuing Education forms averaged 4.2 on a scale from 1 (poor) to 5 (excellent). The only criticism was the rather complementary one of the desire for more time for more thorough coverage and more group discussion.

Discussion

The evidence of improvement in life-satisfaction, self-esteem, and depression at both post- and follow-up testing were exciting, especially considering the small sample size. The lack of improvement in physical health ratings suggests that physical health was more resistant to change than mental health. In light of the tendency for physical health to decline steadily at this age, the fact that our sample did not worsen significantly over ten months is some encouragement. Scores on the Barron-Welsh Art Scale also tend to decrease with age (Alpaugh & Birren, 1977) and may reflect a preference for visual complexity rather than "creativity" per se. Kept "blind" as to which art pieces were from the beginning or end of the project, the art judges did seem to perceive increased originality and aesthetic appeal over the course of the project.

The physical exercise, relaxation techniques, and sensory awareness exercises seemed to facilitate more vivid and creative imagery experiences, which in turn seemed to free and enrich the artistic expressions.

Some catharsis and resolution of psychological problems also occurred. For example, several elders were deeply moved by the life-review fantasy and life-line painting and seemed to work through some "unfinished business" from the past. Previous evidence (Fallot, 1976; McMahon & Rhudick, 1967) indicated that depressed

elders reminisced less and with more difficulty than non-depressed ones; but that when they did, their depression decreased. Life review via imagery and art in the present study seemed to facilitate such reminiscence and probably contributed to the measured improvements in mental health.

Anecdotal evidence indicated many benefits of the program. Several have reported less depression, decreased medication, and less reliance on alcohol. The son of one 82 year old gentleman reported a "complete rejuvenation" for his father, who set up his own art studio at home and is working on a book of illustrated poems. Six of the seven ladies seen recently (almost two years after the project) appeared to be "youthing" rather than aging! Most have reported continuing their practice of exercise, relaxation, and imagery techniques as well as their exploration of art.

The leaders believe they learned a great deal about old people. These elders may not be a representative sample to have enrolled in this class, but they became very enthusiastic and open to its rather unusual activities. They became quite transformed dancing with their masks and spirit sticks. They even seemed to have no discomfort with the use of live, nude models in one session. They preferred the term "elders" or even "old people" to "the elderly" or "senior citizens." Perhaps because the remaining years appear so brief, they seemed quite clear about wanting to spend time only on what they enjoyed and found beneficial. They were very candid about the one experience they did not like. The beginning wheel-chair

type yoga from Easy Does It Yoga for Older People (Christensen & Rankin, 1979) was apparently too gentle. They exclaimed that they were not that decrepit and preferred more vigorous exercise! Although some enjoyed sculpting, others were very clear that they preferred drawing.

A supportive and non-competitive atmosphere developed for creative exploration and group interaction with much sharing and lively repartee. Members seemed eager to "show and tell" about their homework in the psychological techniques and the art. They put their drawings and sculptures in the center of the circle and applauded each other's work. The images and affirmations they developed were shared with responses of "amen" and "right on!" Each person was honored for their contribution and evidenced a sense of personal achievement. Life experiences were heard with apparent patience and genuine interest. New friendships have lasted. At least six have asked that an advanced class be offered.

Without a placebo control group, no definite conclusions can be made, but evidence from this pilot study suggests that these psychological and physical techniques integrated with art activities can be successfully implemented with older populations and have potential for improving their well-being. Additional application and research in this area is strongly recommended. One can "teach old dogs new tricks! "

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Table 1

Mean Scores of Elders

Scale	Possible range	Means Pretest	Posttest	Follow-up
Physical Health	3-12	7.9	7.4	7.3
Life Satisfaction	13-85	38.6	45.8**	44.3**
Self-Esteem	10-40	25.6	31.1*	32.0**
Depression	20-80	46.1	43.0*	40.6*
Barron-Welsh Art	0-63	22.6	29.8	24.4

Note. $n = 8$. One-tailed t - tests for differences in correlated means from pretest to posttest and from pretest to follow-up.

* $p < .10$

** $p < .05$